## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**■63-027936** 

PART III O'HER SEGENT CONTRIBUTING TO DEATH but not related to the terminal plant of the part of the	DO NOT WRITE		MENI	EĐ	ı	Re - <b>F</b>	egistration District No. 128 Primary Registration District No. 2,000 Registrar's No.	1187	STATE FILE NU	
VS 300 Rev. 4/59  103 97  2 0 397  2 0 397  3 0 10 10 10 10 10 10 10 10 10 10 10 10 1					[			CE (Where deceased	lived. If institution:	Residence before
10/3 97   2   3   2   3   5   5   5   5   5   5   5   5   5		<u> </u>					Greene     STATE Miss			admission)
10/3 97   2   3   2   3   5   5   5   5   5   5   5   5   5	KeV. 4/39	물					b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  c. CITY  OR		<del>-</del>	Inside Limits
2 0 3 7 7 9 8 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	10200	₩E					TOWN Springfield 66 years TOWN Spri			4.
2 0 397 2 3 3 4 1 7 3 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	<u>'U377</u>	w	- }				HOSPITAL OR I II ADDRESS	•	• =	Reside on Farm
SARI   ELIZABETH   HAMIIN   DEATH July   29   1963	20397	2				_	INSTITUTION Burge Hospital Yes 💀 № 🗆 1	360 E. Elm	1	Yes No 💢
SARI FIIZABETH HAMIIN DATE July 29 1963  S. SEX G. COLOR OR RACE  Pemale White  10s. USAA. COCIPATION (Give kind of work done)  White  10s. USAA. COCIPATION (Give kind of work done)  For a comparison of work with giffe, even if retired)  Own Home  Churubusco, Ind. U.S.A.  13s. FATHER'S NAME  15s. WAS DECEASED EVER IN U.S. ARMED FORCES?  16s. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSE DF:  OWN HOME  11 OUT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II. If deceased was female which and disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female of disease condition given in PART I (a)  OWN HOME  AND DEATH COUNTRY  OWN HOME  19s. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of Herm 18.)  OWN HOME  OWN HOME  19s. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of Herm 18.)  OWN HOME			$\dashv$			3			Month Day	Year
Female White Wide kind of work done 10s. USUAL OCCUPATION (Give kind of work done 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY HOWER HAD SEAVED IN WHAT COUNTRY HOW IN HOME Churubusco, Ind. U.S.A.  13. Alhiers NAME Henry Gick Frances Rider  14. NAME OF HUSBAND OR WIFE Henry Gick Frances Rider  15. WAS DECASSED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 350 U.E. EIM  110 00 00 00 00 00 00 00 00 00 00 00 00							SARI ELIZABETH HAMLIN	DEATH July		
Female White  White    Same	4 /		.		1	5.		9. AGE (last birthd	ay) IF UNDER 1 YEAR	
during mear of working life, even if retired)    A	5 2				-		Female   White   -			
13a. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per ONSET AND DEATH WAS CAUSED BY)  19. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. WAS DECEASED EVER IN U.S. ARMED FORCES? 11. DEATH WAS CAUSED BY.  12. O SUBJECT OF DEATH (Enter only one cause per ONSET AND DEATH WAS CAUSED BY.  13. WHILE AT WORK   DUE 10 (b)  14. NAME OF HUSBAND OR WIFE  Frances Rider	6	ا ا <u>ب</u>				10	during most of working life, even if retired)	•	·/	WHAT COUNTRY
Henry Gick    Same   Sa	<del></del>  ;	<u> </u>				13	A FATHER'S NAME STATE TO THE CHUI'UDUS  13b. MOTHER'S MAIDEN NAME			<del></del>
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address 3 360 E. EIM  Mrs. Robert H. Vaughan, Springfield, Mrs. Robert H.		[   [			1		,			
10   18. CAUSE OF DEATH (Enter only one cause per part I. DEATH WAS CAUSED BY:		ارد				15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT		Address 1360 E	Elm Elm
10   18. CAUSE OF DEATH (Enter only one cause per part I. DEATH WAS CAUSED BY:		ا إ⊾			1	(Y4	es, no, or unknown) (If yes, give war or dates of NO Mrs. Robe:	<u>rt H.</u> Vaud	han, Spring	field, Mo.
which gave rise to above cause (a), stating the underlying cause last. Due to (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female we there a pregnancy in last 90 day disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female we there a pregnancy in last 90 day pres not not part I or part I or part II of item 18.)  19. WAS AUTOPSY PERFORMED P		A			Ξĺ	Ī	18. CAUSE OF DEATH (Enter only one cause per		IN	TERVAL BETWEEN
which gave rise to above cause (a), stating the underlying cause last. DUE 10 (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH but not related to the terminal part III. If deceased was female we there a pregnancy in last 90 day disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH but not related to the terminal part III. If deceased was female we there a pregnancy in last 90 day pres not not part I or part II of item 18.)  PERFORMED PERFORM		ا يا چ			¥				/	Thon
which gave rise to above cause (a), stating the underlying cause last. Due to (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female we there a pregnancy in last 90 day disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female we there a pregnancy in last 90 day pres not not part I or part I or part II of item 18.)  19. WAS AUTOPSY PERFORMED P	11			$  \cdot  $	ŞΙ		A + > 0 -			
NO STATE    State   St	12 /-/	뭐[질			۲Į					
NO STATE    No   No   No   No   No   No   No   N		일말			ı		above cause (a), } stating the under-			
The state of the s	13	┝╒	1	$\Box$	1		lying cause last. J DUE TO (c)			
19. WAS AUTOPSY PERFORMED VYES NO WAS AUTOPSY PERFORMED AND NOT WHILE AT WORK NOT WH		1			-	ĕ		the terminal PA	there a pregna	mes temale was ncy in last 90 days.
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, left, farm, factory, street, office bldg., etc.)  21. 1 attended the deceased from 10 - 18 - 63, 10 - 29 - 63 and last saw her alive on 7 - 29 - 63  21. 1 attended the deceased from 10 - 18 - 63, 10 - 29 - 63 and last saw her alive on 7 - 29 - 63					ı	5		ar an	_ ' = _ 1	
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, left, farm, factory, street, office bldg., etc.)  21. 1 attended the deceased from 10 - 18 - 63, 10 - 29 - 63 and last saw her alive on 7 - 29 - 63  21. 1 attended the deceased from 10 - 18 - 63, 10 - 29 - 63 and last saw her alive on 7 - 29 - 63		DWE		$ \cdot $	ı	ERTE	PERFORMED	(Enter nature of injur	ry in PART I or PART II	of item 18.)
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, letter) and less saw her alive on 7-29-63  21. 1 attended the deceased from 6-18-63, 10-7-29-63 and last saw her alive on 7-29-63  21. 1 attended the deceased from 9-8-63, 10-7-29-63 and last saw her alive on 7-29-63		<u>  E</u>			I				· · · · · · · · · · · · · · · · · · ·	
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. 1 attended the decessed from 12. 1 attended the decessed from 12. 1 attended the decessed from 13. 1 attended the decessed from 14. 1 attended the decessed from 15. 1	<u>, 6</u>	<b>₹</b>			1	ᆲ	INJURY a.m.			
21. 1 attended the deceased from 9-30 p. m. are the date stated above, and to the heat of my knowledge, from the causes stated	<u>z</u> 89				1	₹	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE
21. 1 attended the deceased from 6 - 18-63, 10 1-29-63 and last saw her alive on 1-29-63.  Death occurred at 9:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.	<u> </u>						NOT WHILE AT WORK		2 2 6 1	<del></del>
Death occurred at 9:30 p.mm on the date stated above, and to the best of my knowledge, from the causes stated.	<b>₹</b> 6₽	[2]		1			Zi, I allehided the deceased from——————————	last saw her alive o	1-29-6	
	<u>a</u> <u>a</u>					-	Ca 211 th 700	nd to the best of my	knowledge, from the c	auses stated.
Death occurred at 100	USE  -	G			ь Г		2) SUSTIATURE (Degree or title) 22 ADDRESS	05 0	1	22c. DATE SIGNED
	-	Ĭ.					V. M. Wokeman MD Jarin	5	ex / Vio	Huk, 31 6
23/ BURIAL, CREMATION; 23b. DATE 23c. NAME OF CEMETERY OR CREMATON (City, town) or county) (Sote)	1			$\dagger \dagger$	á	23	FEMOVAL (Specify)			(grate)
Demoval (Specify)  Burial Aug 1, 1963 Maple Park Cemetery Springfield, Mo.  23. NAME OF CEMETER OR CREMATION (CIT), 10411/31 CEMITY (CIT)	]				띬	ک	Duitus Team and an annual an annual and an annual an			
	İ	TEM				24	n 31-13	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	2 mel	tan
	1	1-			ω.	_	jeweii E. Windie, Springifeld, Mo.		4	

7-31-63

## STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my personal :	supervision.	• -
Student		Signed Bernard 7. Wright
Signature of	Student Embalmer	
		Licensed Embalmer No. 4295
C+		0- 1:0-
• •		P. O. Address springfield, m

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.